

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 594274

FILING DATE

APPLICANT(S)

Art. 19 Pre-Amend

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7	1		1			
8		1		1		
9		1		1		
10		1		1		
11		3		1		
12		①		1		
13	1		1			
14		1		1		
15		1		1		
16		1		1		
17		3		1		
18		①		1		
19		①		1		
20						
21	1		1			
22		2		1		
23		2		1		
24		①		1		
25		①		1		
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TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	23	←	17	←		←
TOTAL CLAIMS	27		21			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						